

Amended Statement Cover

Exhibit of Premiums, Enrollment and Utilization - premiums earned (line 13) and the amount incurred for provision of health care services (line 15) did not tie to the income statement. Amounts have been reviewed and corrected.

HEALTH QUARTERLY STATEMENT

AS OF June 30, 2002

OF THE CONDITION AND AFFAIRS OF THE

Ultimed HMO of Michigan, Inc.

NAIC Group Code		(Current Period)		(Prior Period)	NAIC Company Code	95751	Employer's ID Number	38-3145808
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile								
Licensed as business type:	Life, Accident & Health[]		Property/Casualty[]		Hospital, Medical & Dental Service or Indemnity[]			
	Dental Service Corporation[]		Vision Service Corporation[]		Health Maintenance Organization[X]			
	Other[]		Is HMO Federally Qualified? Yes[X] No[]					
Date Incorporated or Organized	12/13/1993				Date Commenced Business	08/14/1994		
Statutory Home Office	2401 20th Street				Detroit, MI 48216			
	(Street and Number)				(City, or Town, State and Zip Code)			
Main Administrative Office					2401 20th Street			
					(Street and Number)			
	Detroit, MI 48216				(313)961-1717 x			
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	2401 20th Street				Detroit, MI 48216			
	(Street and Number or P.O. Box)				(City, or Town, State and Zip Code)			
Primary Location of Books and Records					2401 20th Street			
					(Street and Number)			
	Detroit, MI 48216				(313)961-1717 x			
	(City, or Town, State and Zip Code)				(Area Code) (Telephone Number)			
Internet Website Address								
Statutory Statement Contact	Harley K. Brown				(313)961-1717 x			
	(Name)				(Area Code)(Telephone Number)(Extension)			
	hbrown@ultimed-hmo.com				(313)961-4028 x			
	(E-Mail Address)				(Fax Number)			
Policyowner Relations Contact								
					(Street and Number)			
					(City, or Town, State and Zip Code)			
					(Area Code) (Telephone Number)(Extension)			

OFFICERS

President/CEO	Harley K. Brown
Secretary	Eddie Hall Jr.
Chief Financial Officer	Michael O. Martin
Chief Operating Officer	Robin M. Barclay

VICE PRESIDENTS

Alvin G. McClinton	Leon H. Atchison
Kanzoni Asabigi	Abdul Baaghil
Jena Baker	Fred Prime
William C. Sharp M.D.	

DIRECTORS OR TRUSTEES

Ignacio Salazar	Ernest Wines
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State of Michigan
County of Wayne ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Harley K. Brown	Eddie Hall	Michael O. Martin
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[] No[X]
day of , 2002	b. If no, 1. State the amendment number	1
	2. Date filed	09/18/2002
	3. Number of pages attached	1
(Notary Public Signature)		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15,295		350							14,945
2. First Quarter	15,028		361							14,667
3. Second Quarter	14,793		235							14,558
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	89,865		2,036							87,829
Total Member Ambulatory Encounters for Period:										
7. Physician	11,781		297							11,484
8. Non-Physician	11,971		593							11,378
9. Total	23,752		890							22,862
10. Hospital Patient Days Incurred	3,161		43							3,118
11. Number of Inpatient Admissions	506		10							496
12. Premiums Collected	9,053,467		297,020							8,756,447
13. Premiums Earned	9,069,878		296,838							8,773,040
14. Amount Paid for Provision of Health Care Services	6,523,509		308,430						479,357	5,735,722
15. Amount Incurred for Provision of Health Care Services	5,822,708		165,139							5,657,569